

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 11975  
1630

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 54 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 6509 HOLMES STREET 3868			
3. NAME OF DECEASED (Type or Print) THOMAS		a. (First) b. (Middle) GLENN		c. (Last) BOWN		4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 7, 1889	
9. AGE (In years last birthday) 64		10. AGE (In years last birthday) 64		11. BIRTHPLACE (City and State or Foreign Country) AURORA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARTNER		10b. KIND OF BUSINESS OR INDUSTRY GILLETTE TIRE DUSTRY SALES Co.		11. BIRTHPLACE (City and State or Foreign Country) AURORA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRANK BOWN		13b. MOTHER'S MAIDEN NAME MAY PERKINS		14. NAME OF <del>WIDOWED</del> OR WIFE GERTRUDE L. BOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 495-09-1616		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GERTRUDE L. BOWN - 6509 Holmes Street KANSAS CITY, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 1 yr. Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/9, 1954, to death, 1954, that I last saw the deceased alive on 4/9, 1954, and that death occurred at 7:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. I. Slentz (Degree or title)		23b. ADDRESS 315 Nichols Road, W.C. Mo.		23c. DATE SIGNED 4/10/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE APRIL 12, 1954		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 4-12-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4934

P. O. Address K. C. 10, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.